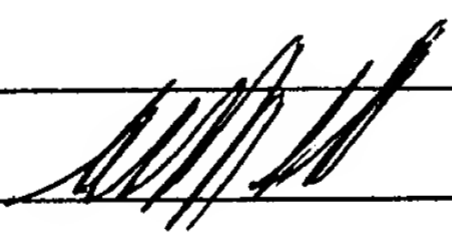


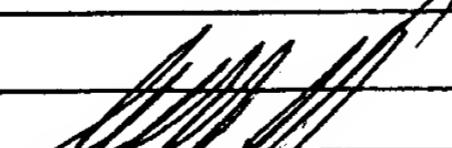
Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)  
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/848,812
	Filing Date	05/04/2001
	First Named Inventor	Mitchell S. ASKENAS
	Group Art Unit	2614
	Examiner Name	LAYE, JADE O
Total Number of Pages in This Submission	Attorney Docket Number	ICTVP002

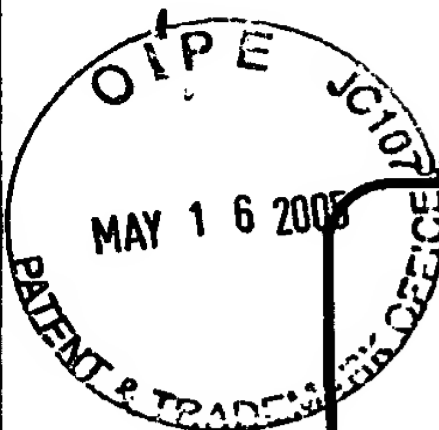
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply 24 pgs <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers # (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition # <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1-Check of \$510.00
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	IP Creators
Signature	 Charles C. Cary Reg. #: 36,764
Date	May 16, 2005

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service in an envelope with Express mail No. ED 256490291 US addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: May 16, 2005			
Typed or printed name	Charles C. Cary		
Signature		Date	May 16, 2005

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ED256490291US



# FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$) 510

## Complete if Known

Application Number	09/848,812
Filing Date	05/04/2001
First Named Inventor	Mitchell S. ASKENAS
Examiner Name	LAYE, JADE O
Group Art Unit	2614
Attorney Docket No.	ICTVP002

## METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 50-1338

Deposit Account Name IP Creators

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☒ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$) 0

### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20 = -20	x \$100	= \$0
Multiple Dependent	-3 = -3	x \$100	= \$0

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 84	2201 42	Independent claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0

\*\*or number previously paid, if greater; For Reissues, see above

### 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	\$0
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	\$0
1053 130	1053 130	Non-English specification	\$0
1812 2,520	1812 2,520	For filing a request for <i>ex parte</i> reexamination	\$0
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	\$0
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	\$0
1251 110	2251 55	Extension for reply within first month	\$0
1252 410	2252 205	Extension for reply within second month	\$0
1253 930	2253 465	Extension for reply within third month	\$510
1254 1,450	2254 725	Extension for reply within fourth month	\$0
1255 1,970	2255 985	Extension for reply within fifth month	\$0
1401 320	2401 160	Notice of Appeal	\$0
1402 320	2402 160	Filing a brief in support of an appeal	\$0
1403 280	2403 140	Request for oral hearing	\$0
1451 1,510	1451 1,510	Petition to institute a public use proceeding	\$0
1452 110	2452 55	Petition to revive - unavoidable	\$0
1453 1,300	2453 650	Petition to revive - unintentional	\$0
1501 1,300	2501 650	Utility issue fee (or reissue)	\$0
1502 470	2502 235	Design issue fee	\$0
1503 630	2503 315	Plant issue fee	\$0
1504 300		Ppublication Fee	\$0
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	\$0
1806 180	1806 180	Submission of Information Disclosure Stmt	\$0
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	\$0
1809 750	2809 375	Filing a submission after final rejection (37 CFR § 1.129(a))	\$0
1810 750	2810 375	For each additional invention to be examined (37 CFR § 1.129(b))	\$0
1801 750	2801 375	Request for Continued Examination (RCE)	\$0
1802 900	1802 900	Request for expedited examination of a design application	\$0
Other fee (specify)	10 Printed copies of Patent @ \$3.00		\$0

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 510

## SUBMITTED BY

Name (Print/Type) Charles C. Cary

Signature

Registration No. (Attorney/Agent)

36,764

## Complete (if applicable)

Telephone

(408) 850-9585

Date

May 16, 2005

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